

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	69861	4/9
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	213	4/10/00
FORMALITY REVIEW	<i>[Signature]</i>	7531	6-2-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	5933	7-21-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4/14/00
2	✓	✓	4/14/00
3	✓	✓	4/14/00
4	✓	✓	4/14/00
5	✓	✓	4/14/00
6	✓	✓	4/14/00
7	✓	✓	4/14/00
8	✓	✓	4/14/00
9	✓	✓	4/14/00
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11	✓	✓	4/14/00
12	✓	✓	4/14/00
13	✓	✓	4/14/00
14	✓	✓	4/14/00
15	✓	✓	4/14/00
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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